U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is manufactory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Edgar E Folgar	Name Louisiana Carpenters Regional Council		
	Labor Organization File Number 540-876		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 1205 Ellerslie Avenue	Street 315 South Broad Street		
City Laplace	City New Orleans		
State Louisiana ZIP Code + 4 70068	State Louisiana ZIP Code + 4 70119		
5. Position in labor organization. Regional Council Represent	tative		
	ir spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organ	h, or derived income or other economic benefit of nization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street			
City	\$0		
State ZIP Code + 4			
	Signature		
	oilty of Perjury and other applicable penalties of the law, that all of the information in applying documents), has been examined by the signatory and is, to the best of the he section on penalties in the instructions.)		
Signed Color & Lelgan	On 08/08/2005 (504)822-2243		
- 1	Date Telephone Number		

Name of Person Filing Edgar Folgar		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the busines ively seeking to represent, or directly to, or otherwise	;s	
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name		are .	
Trade Name, if any:	a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street	d. Employer		
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dea	ling.	
Name	1		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar val	lue of such dealing.	\$0
City	12.a. Nature of interest he		
State ZIP Code + 4			
		<u> </u>	
	12.b. Amount.		\$0
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	į		
Street			
City			
State ZIP Code + 4	<u> </u>		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		\$0